

DOCKET NO: ISIS0057-100 (ISPH-0519)

PATENT

**IN THE CLAIMS:**

Please cancel claims 40, 42-44, 46 and 47 without prejudice.

**REMARKS**

Claims 24, 26-28, 30, 31, 40, 42-44, 46 and 47 are pending. Claims 40, 42-44, 46 and 47 have been canceled. Upon entry of the amendment, claims 24, 26-28, 30 and 31 will remain pending.

In the Advisory Action mailed July 30, 2003, the Examiner indicated that claims 24, 26-28, 30 and 31 are allowable if submitted in a separate, timely filed amendment canceling non-allowable claims. Although Applicants maintain that claims 40, 42-44, 46 and 47 are also allowable, to expedite the prosecution of the application, Applicants have canceled non-allowable claims 40, 42-44, 46 and 47. Applicants respectfully request that the Examiner issue claims 24, 26-28, 30 and 31.

Respectfully submitted,

Dated: August 7, 2003

  
\_\_\_\_\_  
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**Applicant(s):** Brett P. Monia et al.

**Title:** ANTISENSE MODULATION OF PI3K P85 EXPRESSION

**Serial No.:** 09/715,983

**Filed:** November 20, 2000

**EV146607656US**

**Docket No.:** ISIS0057-100 (ISPH-0519)

**Date Sent:** August 7, 2003      QLN guyen/Hope Graves

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EV 146607656 US

<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP CODE <i>19104</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope
Date In <i>87037</i>	Postage <i>\$ 1365</i>	
Mo. Day <i>Mon 25</i>	12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/>	Return Receipt Fee
Time In <i>Military</i>	<input type="checkbox"/> AM <i>1259</i> <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>2.30 lbs</i>	Int'l Alpha Country Code <i>0251</i>	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Date Initials <i>80</i>	Total Postage Fee <i>\$ 1365</i>

**CUSTOMER USE ONLY**  
METHOD OF PAYMENT:  
Express Mail Corporate Acct. No.



UNITED STATES POSTAL SERVICE

### Post Office To Addressee

#### DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>SO 02 10 09 04 04</i>
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>10 09 04 04</i>
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>10 09 04 04</i>

WAIVER OF SIGNATURE (Domestic Only) Addressee's signature is valid if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that addressee can be left in secure location) and I authorize that delivery employee's signature constitute valid proof of delivery.

NO DELIVERY  Weekend  Holiday

Customer Signature

Federal Agency Acct. No. or  
Postal Service Acct. No.

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